



# Request for a Course Substitution/Course Waiver

## DIRECTIONS

For seniors only; a completed form will only be accepted no later than one semester prior to completion of program of study. Please keep a copy of all documents submitted for your reference.

## STUDENT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

ID Number A000 \_\_\_\_\_ Date \_\_\_\_\_

E-mail \_\_\_\_\_ Mobile Number \_\_\_\_\_

Catalog Year \_\_\_\_\_ Credits Completed \_\_\_\_\_ CGPA \_\_\_\_\_

Major (include concentration/specialization) \_\_\_\_\_ Minor \_\_\_\_\_

## COURSE SUBSTITUTION

Required Course	Proposed Course Substitution	Reason for Proposed Substitution (To be filled in by the Dean)

## COURSE WAIVER (Note: Waiving the course does not waive the credits required to graduate)

Course to be waived	Reason for waiving the course requirement (To be filled in by the Dean)

## Approval:

\_\_\_\_\_  
Program Chair's Signature & Date

\_\_\_\_\_  
Dean's Signature & Date

\_\_\_\_\_  
Provost & Vice President Academic Affairs' Signature & Date

Received by Academic Officer's Name: \_\_\_\_\_ Sign & Date: \_\_\_\_\_